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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Association for Homecare Political Action Committee (AAHOMECARE PAC) 2011 Crystal Drive, Ste 725 ADDRESS (number and street) Check if different than previously Arlington ٧A 22202 reported. (ACC) **FEC IDENTIFICATION NUMBER STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00357129 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2009 06 3 0 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Sue Mairena Type or Print Name of Treasurer Sue Mairena Electronically Filed by 0 1 28 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

A. Form/Schedule: F3XA

Transaction ID:

This amendment corrects a database error that incorrectly pulled information to the report. This did not affect the totals.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

3/34

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name American Association for Homecare Political Action Committee (AAHOMECARE PAC) D D [®]D 0 1 0 1 2009 0.6 30 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 24265.33 January 1 (b) Cash on Hand at 24265.33 Begining of Reporting Period 44791.76 44791.76 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 69057.09 69057.09 6(a) and 6(c) for Column B) 32760.19 32760.19 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 36296.90 36296.90 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed

the committee (Itemize all on

Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

0.00

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 34

Write or Type Committee Name

American Association for Homecare Political Action Committee (AAHOMECARE PAC)

Report Covering the Period:

From:

м м 0 1

^D 0 1

2009

то.

м м

^D 3 0

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	32375.00	32375.00
	(ii) Unitemized	2315.00	2315.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	34690.00	34690.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	7000.00	7000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	41690.00	41690.00
	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	601.76	601.76
	to Federal candidates and Other Political Committees	2500.00	2500.00
	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	44791.76	44791.76
	Total Federal Receipts (subtract Line 18(c) from Line 19)	44791.76	44791.76

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

5/34

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		1
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	060.10	060.10
	Expenditures(c) Total Operating Expenditures	960.19	960.19
	(add 21(a)(i), (a)(ii) and (b))	960.19	960.19
2.	Transfers to Affiliated/Other Party		
3.	Contributions to	0.00	0.00
Ο.	Federal Candidates/Committeesand Other Political Committees	29300.00	29300.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
J .	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
28.	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	2500.00	2500.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i edelai Silaie		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	32760.19	32760.19
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	32760.19	32760.19

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 6 / 34

III. Net Contributions/Operat Expenditures	ting COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans from Line 11(d), page 3)	·	41690.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	41690.00	41690.00
66. Total Federal Operating Expenditure (add Line 21(a)(i) and Line 21(b))	960 19	960.19
7. Offsets to Operating Expenditures (from Line 15, page 3)	601.76	601.76
8. Net Operating Expenditures (subtract Line 37 from Line 36)	358.43	358.43

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each o	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 7/34 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association for Homecare			on for the purpose of soliciting contributions solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Angelene Adler Mailing Address 1877 NE 7th Ave City Portland FEC ID number of contributing federal political committee. Name of Employer Care Medical	State Zip Coc OR 97212-	de 3905	Date of Receipt M M O O B
_	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	300.00	
B.	Full Name (Last, First, Middle Initial) Robert Brant Mailing Address 3475 Belmont Terran City Fort Lauderdale FEC ID number of contributing federal political committee. Name of Employer City Medical Services Receipt For: Primary General Other (specify)	State Zip Coo FL 33328 C Occupation General Manager Aggregate Year-to-Date	, , ,	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ C.	Full Name (Last, First, Middle Initial) John Cason Mailing Address 4701 Azalea Springs	Ct		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Louisville FEC ID number of contributing federal political committee. Name of Employer Premier Home Care, Inc. Receipt For: Primary General Other (specify)	State Zip Coc KY 40299- C Occupation CEO Aggregate Year-to-Date	1275	Transaction ID: A55C8C51B15EA45F6B48 Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional))	800.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each of	rate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 8 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Association for Homecare			
Α.	Full Name (Last, First, Middle Initial) Daniel Desimone Mailing Address 470 Atlantic St City Farmingdale FEC ID number of contributing federal political committee. Name of Employer Continued Care Receipt For: Primary General Other (specify)	State Zip Cod NY 11735-2 C Occupation CEO Aggregate Year-to-Date	2750	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A40EFC707552C48808CA Amount of Each Receipt this Period 500.00
В.	Full Name (Last, First, Middle Initial) William Elliott Mailing Address PO Box 3830 City Corrales FEC ID number of contributing federal political committee. Name of Employer Med Group Receipt For: Primary General Other (specify)	State Zip Cod NM 87048-3 C Occupation President Aggregate Year-to-Date	3830	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- C.	Full Name (Last, First, Middle Initial) John Estes Mailing Address 10351 Timberwood (City Louisville FEC ID number of contributing federal political committee. Name of Employer Premier Home Care, Inc. Receipt For: Primary General Other (specify)	State Zip Cod KY 40223-: C Occupation VP Aggregate Year-to-Date	3466	Date of Receipt M M O O O O O O O O O O O O O O O O O
	SUBTOTAL of Receipts This Page (optional))	3250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/34 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Anthony Filippis Mailing Address 4477 Forsyth Dr		Date of Receipt
City	State Zip Code	0 4 2 1 2 0 0 9 Transaction ID: ADBB2A8FF8A38498C
Troy	MI 48085-3776	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Wright & Filippis	Occupation President & CEO	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) Anthony Filippis		Date of Receipt
Mailing Address 4477 Forsyth Dr	05 08 7 2009	
City Trov	State Zip Code MI 48085-3776	Transaction ID: AEFE183BB496642798
FEC ID number of contributing federal political committee.	MI 48085-3776	Amount of Each Receipt this Period 1250.00
Name of Employer Wright & Filippis	Occupation President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) Laraine Forry		Date of Receipt
Mailing Address 607 Buckthorn Ct		06 05 2009
City	State Zip Code	Transaction ID: A2F96D036AD1B4250B
Lewisberry	PA 17339-8717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Air Products	Occupation VP Govt. Relations & Complianc	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SURTOTAL of Receipts This Page (optional))	2800.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to Political Action Committee (AAHOMECA	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dennis Foushee Mailing Address 8617 Eula Road City Louisville FEC ID number of contributing federal political committee. Name of Employer Premier Home Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code KY 40219-4435 C Occupation Director Aggregate Year-to-Date 250.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Lisa Getson Mailing Address 24806 Oxford Dr City Laguna Niguel FEC ID number of contributing federal political committee.	State Zip Code CA 92677-8870	Date of Receipt M M M
Name of Employer Apria Healthcare Receipt For: Primary General Other (specify) ▼	Occupation Evp, Government Relations Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Lisa Getson Mailing Address 24806 Oxford Dr		Date of Receipt Date of Receipt 0 6 0 8 2 0 0 9
City Laguna Niguel FEC ID number of contributing federal political committee.	State Zip Code CA 92677-8870	Transaction ID: A130E54E4D2E24D91B Amount of Each Receipt this Period 250.00
Name of Employer Apria Healthcare Receipt For: Primary General Other (specify) ▼	Occupation Evp, Government Relations Aggregate Year-to-Date 1250.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

## AL 35180-5593 FEC ID number of contributing federal political committee.	11b 11c 12 14 15 16 17
A. Donald L. Jones Mailing Address 1121 Crosshill Ln City State Zip Code Warrior AL 35180-5593 FEC ID number of contributing federal political committee. Name of Employer Southern Medical Equipment Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Wayne Knewasser Mailing Address 12506 Valley Pine Dr City State Zip Code M M M M O 6 Transaction Amount of E Date of Receipt For: Aggregate Year-to-Date ▼ Date of Receipt For: City State Zip Code Louisville Transaction M M M O 6 Transaction Amount of E	of soliciting contributions s from such committee.
Mailing Address 12506 Valley Pine Dr Date of Recent Mailing Address Transaction Amount of Expression Transactio	•
FEC ID number of contributing federal political committee. Name of Employer Premier Home Care Occupation Vice President Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	eipt 0 8 2 0 0 9 ID: AC63D1FFA37304E2E8A7 ach Receipt this Period 250.00
	eipt 0 8 2 0 0 9 ID: A425EBC49E7FB42079FA ach Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 34 (check only one) X
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association for Homecare P	name and add	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) George Kucka Mailing Address PO Box 789 City Schererville FEC ID number of contributing federal political committee. Name of Employer Fairmeadows Home Health Center Receipt For: Primary General Other (specify)	State IN C Occupation President Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Carol Laumer Mailing Address 1313 Ella Ave NW City Willmar FEC ID number of contributing federal political committee. Name of Employer Rice Horne Medical Receipt For: Primary General Other (specify)	State MN C Occupation Executive Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y O 6 0 5 2 0 0 9 Transaction ID: A0526EF44F6224FC5A3F Amount of Each Receipt this Period 1000.00
С.	Full Name (Last, First, Middle Initial) Joseph Lewarski Mailing Address 28791 Johnson Dr City Wickliffe FEC ID number of contributing federal political committee. Name of Employer Inogen, Inc. Receipt For: Primary General Other (specify)	State OH C Occupation Vice Pres Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pe the name and address of any political committee e Political Action Committee (AAHOMEC	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joel Marx Mailing Address 3041 Kersdale Rd City Cleveland FEC ID number of contributing federal political committee. Name of Employer Medical Service Corporation Receipt For: Primary General Other (specify)	State Zip Code OH 44124-5349 C Occupation CEO Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Rachel Mazur Mailing Address 633 Moonlight Ct City Westerville FEC ID number of contributing federal political committee. Name of Employer Dasco Home Medical Receipt For: Primary General Other (specify)	State Zip Code OH 43081-3640 C Occupation CEO Aggregate Year-to-Date 500.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Scott Meuser Mailing Address 44 E Overbrook Ro City Shavertown FEC ID number of contributing federal political committee. Name of Employer Pride Mobility Products Corp Receipt For: Primary General Other (specify)	State Zip Code PA 18708-1107 C Occupation Chariman & CEO Aggregate Year-to-Date 4000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l)	5500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/34 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association for Homecare F	Statements may not be sold or used by any perse name and address of any political committee to Political Action Committee (AAHOMECA)	
Full Name (Last, First, Middle Initial) Joel Mills Mailing Address PO Box 18049 City Greensboro FEC ID number of contributing federal political committee. Name of Employer Advanced Home Care Receipt For: Primary General Other (specify)	State Zip Code NC 27419-8049 C Occupation President & CEO Aggregate Year-to-Date 250.00	Date of Receipt M M M D D D 2 0 0 9 Transaction ID: A4906596E067C431FB9 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) A. Malachi Mixon Mailing Address 2482 Stratford Rd City Cleveland Heights FEC ID number of contributing federal political committee. Name of Employer Invacare Corporation Receipt For: Primary General Other (specify)	State Zip Code OH 44118-4052 C Occupation Chair & CEO Aggregate Year-to-Date 2500.00	Date of Receipt M M M O B O B 2 0 0 9 Transaction ID: AE065B5EE9454498F97 Amount of Each Receipt this Period 2500.00
Full Name (Last, First, Middle Initial) Stewart H. Pace Mailing Address 7508 Lake Vista Dr City Trussville FEC ID number of contributing federal political committee. Name of Employer Med-south, Inc. Receipt For: Primary General Other (specify)	State Zip Code AL 35173-2758 C Occupation Executive Vice President Aggregate Year-to-Date 250.00	Date of Receipt M M M O D D O 2009 Transaction ID: A377D1923A0194A4995 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		3000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 34 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association for Homecare F			on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Joe Priest Mailing Address 651 Mtn View Dr City Lewiston FEC ID number of contributing federal political committee. Name of Employer Airsep Corporation Receipt For: Primary General Other (specify)	State NY C Occupation President	Zip Code 14092-1911 Tear-to-Date ▼ 2500.00	Date of Receipt M M M C D D C 2009 Transaction ID: A47D79F8FDA6F4E0AAC Amount of Each Receipt this Period 2500.00
— В.	Full Name (Last, First, Middle Initial) John Reid Mailing Address 165 Hampton Place City Troy FEC ID number of contributing federal political committee. Name of Employer Pro2 Receipt For: Primary General Other (specify)	State OH C Occupation EVP & CO Aggregate Y		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: AB34FE3DD7DA0428382 Amount of Each Receipt this Period 250.00
_ C.	Full Name (Last, First, Middle Initial) Michael Reinemer Mailing Address 4202 Holborn Ave City Annandale FEC ID number of contributing federal political committee. Name of Employer AAHomecare Receipt For: Primary General Other (specify)	State VA C Occupation Vice Presid Aggregate Y	Zip Code 22003-3730 dent ear-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			3025.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	ry of the
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used sing the name and address of any political action Committee (A	d by any person for the purpose of soliciting contributions I committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 90 Yoakam St City Farmingdale FEC ID number of contributing federal political committee. Name of Employer Homecare Concepts Receipt For: Primary General Other (specify)	State Zip Code NY 11735-1947 C Occupation Owner Aggregate Year-to-Date	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 90 Yoakam St City Farmingdale FEC ID number of contributing federal political committee. Name of Employer Homecare Concepts Receipt For: Primary General Other (specify)	State Zip Code NY 11735-1947 C Occupation Owner Aggregate Year-to-Date	Date of Receipt M
Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 90 Yoakam St City Farmingdale FEC ID number of contributing federal political committee. Name of Employer Homecare Concepts Receipt For: Primary General Other (specify)	State Zip Code NY 11735-1947 C Occupation Owner Aggregate Year-to-Date	Date of Receipt M M M O D D O O D O O D O O D O O D O O D O O D O O D O O D O O D O O D O O D O O D O O D O O D O O D O O D O O D O O D O O O D O O O D O
SUBTOTAL of Receipts This Page (op	ional)	3750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 17
_	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association for Homecare	e name and ad	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Jim Spellman Mailing Address S50w 3954 Turners F			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Waukesha FEC ID number of contributing	State WI	Zip Code 53189	Transaction ID: AD48BF3BC233B487C840 Amount of Each Receipt this Period 250.00
	Receipt For: Primary Other (specify)	Occupation Vice Pre	sident e Year-to-Date ▼ 250.00	1
- В.	Full Name (Last, First, Middle Initial) James Walsh Mailing Address 1111 W. San Moran	0 0		Date of Receipt 0 6 0 5 2 0 0 9
	City Waterloo FEC ID number of contributing federal political committee.	State IA	Zip Code 50701	Transaction ID: AF923EAC3A22E4C079B4 Amount of Each Receipt this Period 3000.00
	Name of Employer Van G. Miller & Associates Receipt For: Primary General Other (specify)	Occupation President Aggregate		
С.	Full Name (Last, First, Middle Initial) Donald White Mailing Address 335 Renaissance Driv	/e		Date of Receipt 0 3 0 2 0 0 9
	City Buffalo FEC ID number of contributing federal political committee.	State NY	Zip Code 14221-1973	Transaction ID: A30622C348208430293B Amount of Each Receipt this Period 1250.00
	Name of Employer Associated Healthcare Systems Receipt For:	Occupation CEO Aggregate	n e Year-to-Date ▼	
Γ	Primary General Other (specify) ▼	0 0	1250.00	
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number			4500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 34 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association for Homecare F	e name and add	dress of any political committee to	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Donald White Mailing Address 335 Renaissance Driv City Buffalo FEC ID number of contributing federal political committee. Name of Employer Associated Healthcare Systems Receipt For: Primary General Other (specify)	State NY C Occupatio CEO	Zip Code 14221-1973 n • Year-to-Date ▼ 2250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: A34D4BF4D107E496C819 Amount of Each Receipt this Period 1000.00
В.	Full Name (Last, First, Middle Initial) Richard Wren Mailing Address 2057 Hale Road City Wilmington FEC ID number of contributing federal political committee. Name of Employer WrenCare Receipt For: Primary General Other (specify)	State OH C Occupatio Presiden Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: AFE6BCC2D40994CC886E Amount of Each Receipt this Period 250.00
С.	Full Name (Last, First, Middle Initial) Tammy Zelenko Mailing Address 401 Westbury Dr City Coraopolis FEC ID number of contributing federal political committee. Name of Employer Advalene Receipt For: Primary General Other (specify)	State PA C Occupatio Presiden Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y O 6 0 8 2 0 0 9 Transaction ID: A1C30F7B81B6A49C0AA6 Amount of Each Receipt this Period 250.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		·	1500.00 32375.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 34 (check only one) 11a 11b X 11c 12 13 14 15 16 17
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	American Association for Homecare I	Political Action	on Committee (AAHOMECAF	RE PAC)
Α.	Full Name (Last, First, Middle Initial) APRIA Healthcare PAC			Date of Receipt
Α.	Mailing Address 26220 Enterprise Cou	rt		0 2 1 8 2 0 0 9
	City	State	Zip Code	Transaction ID: A9007F72BEB9344FF883
	Lake Forest	CA	92630	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0240218	5000.00
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
В.	Full Name (Last, First, Middle Initial) Pride Mobility Products Corp Pac			Date of Receipt
	Mailing Address 182 Susquehanna Av	е		06 08 7 2009
	City	State	Zip Code	Transaction ID: ABECD38001C8B4163A8E
	<u>Exeter</u>	PA	18643	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0388132	2000.00
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	•	7000.00
TOTAL This Period (last page this line number only)	→	7000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 34 (check only one) 11a
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Association for Homecare I			on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) AAHomecare Mailing Address 2011 Crystal Drive Suite 725 City Arlington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State VA C Occupation Aggregate	Zip Code 22202 Year-to-Date ▼ 45.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: AB2800DAF5CD943DEA8 Amount of Each Receipt this Period 45.00 Offset of Operating Expenditure
В.	Full Name (Last, First, Middle Initial) AAHomecare Mailing Address 2011 Crystal Drive Suite 725 City Arlington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State VA C Occupation Aggregate	Zip Code 22202 Year-to-Date ▼ 90.00	Date of Receipt M M D D 2 0 0 9
c .	Full Name (Last, First, Middle Initial) AAHomecare Mailing Address 2011 Crystal Drive Suite 725 City Arlington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State VA C Occupation Aggregate	Zip Code 22202 1 Year-to-Date ▼ 178.93	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) .			178.93

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 34 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per ne name and address of any political committee Political Action Committee (AAHOMEC)	
American Association for Homecare	Tollical Action Committee (AAHOWEO)	AILE I AO)
Full Name (Last, First, Middle Initial) AAHomecare Mailing Address 2011 Crystal Drive		Date of Receipt
Suite 725	State 7in Code	04 22 2009
City <u>Arlington</u>	State Zip Code VA 22202	Transaction ID: A3E2EBD253642414CA88 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	223.93	
Full Name (Last, First, Middle Initial) AAHomecare		Date of Receipt
Mailing Address 2011 Crystal Drive Suite 725		05 23 7 2009
City	State Zip Code	Transaction ID: A8B15C079BA7A45BA91
Arlington	VA 22202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	123.93 Offset of Operating Expen-
Name of Employer	Occupation	diture
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	347.86	
Full Name (Last, First, Middle Initial) AAHomecare		Date of Receipt
Mailing Address 2011 Crystal Drive Suite 725		06 22 7 2009
City	State Zip Code	Transaction ID: AD54AA4EBC6AB4107A0
Arlington	VA 22202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	253.90
Name of Employer	Occupation	Offset of Operating Expenditure
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 601.76	
SUBTOTAL of Receipts This Page (optional)		422.83
TOTAL This Period (last page this line number		601.76
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 34 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or used by any persone and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Association for Homecare Polit	ical Action Committee (AAHOMECA	RE PAC)
Full Name (Last, First, Middle Initial) The Grassley Committee Mailing Address PO BOX 1000		Date of Receipt 0 4 3 0 2 0 0 9
City Des Moines FEC ID number of contributing federal political committee.	State Zip Code IA 50304 C C00230482	Transaction ID: AFE3F52C419DE40A6B72 Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Refund of Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	<u> </u>	2500.00

Transaction ID: BDC937377D1AA74371 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Association for Homecare Political Action Committee (AAHOMECARE PAC) Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix Az Sonate President State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix Az State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address Mailing Address PO Box 53852 City Phoenix Az State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address Mailing Address PO Box 53852 City Phoenix Az State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix Az State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix Az State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix Az State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix Az State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix Az State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 Amount of Each Disbursement this Period Transaction ID: BR41C2F933A4048BE Transaction ID: Brantibulions Transaction ID: Brantibulions Amount of Each Disbursement this Period Amount of Each Disbursement this Period Transaction ID: Brantibulion		CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)	FOR LINE (check only	NUMBER:	PAGE 23 / 34
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) American Association for Homecare Political Action Committee (AAHOMECARE PAC) Full Name (Last. First. Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House President President Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House President Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House President Disbursement Credit Card Processing Fee Candidate Name Office Sought: House President Disbursement For: Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House President Disbursement For: Primary Category' Type Office Sought: House President Other (specify) ▼ Transaction ID: BDC9EFDA8E9C44E6 Date of Disbursement this Period Transaction ID: BB41C2F933A4048BE Date of Disbursement this Period Transaction ID: BB41C2F933A4048BE Date of Disbursement this Period American Express Mailing Address PO Box 53852 City Phoenix AZ 85072-3852 Purpose of Disbursement this Period Transaction ID: BB41C2F933A4048BE Date of Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Office Sought: House President Office Sought: House	IT	EMIZED DISBURSEMENTS			X 21b	22 23	
American Association for Homecare Political Action Committee (AAHOMECARE PAC) Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Disbursement For: Senate Phoenix AZ 85072-3852 Purpose of Disbursement For: Senate President Disbursement For: Senate Phoenix AZ 85072-3852 Purpose of Disbursement For: Senate President Disbursement For: Senate Phoenix AZ 85072-3852 City State Zip Code AZ 85072-3852 Purpose of Disbursement For: Senate President District: Transaction ID: BDC9EFDA8E9C44E5 Date of Disbursement this Period Phoenix AZ 85072-3852 Purpose of Disbursement For: Senate President District: Transaction ID: BB41C2F933A4048BE Date of Disbursement District: Primary General District: Primary General Disbursement Tor: Senate President District: Primary General Disbursement Tor: Senate President District: Primary General Disbursement Tor: Senate President Disbursement Tor: Senate District: Primary General Disbursement Tor: Senate Date of Disbursement Tor: Senate Primary General Disbursement Tor: Senate Disbursement Tor							
American Express Mailing Address PO Box 53852 City		NAME OF COMMITTEE (In Full)					
City Phoenix AZ State Zip Code Phoenix AZ Sonate Primary General Phoenix AZ Sonate President State: District: Full Name (Last, First, Middle Initial) American Express Disbursement Credit Card Processing Fee Candidate Name Category/ Type	<u>/</u> А.	,					
Prince of Disbursement Credit Card Processing Fee Candidate Name Disbursement For: Senate Primary General Primary General Primary Date of Disbursement to Category' Type Office Sought: House Senate Primary General Office Sought: House Primary General Primary General Office Sought: House Primary General Office Sought: State Zip Code AZ 85072-3852 Purpose of Disbursement Office Sought: House Primary General Office Sought: House Office Sought: General Office Sought: House O		Mailing Address PO Box 53852				05 / 20	2009
Credit Card Processing Fee Candidate Name Office Sought:						Amount of Each D	
Office Sought: House Senate President State: District: Other (specify) ▼ B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: District: District: Senate Primary General President Other (specify) ▼ Ct. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 Ct. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix AZ 85072-3852 Purpose of Disbursement For: Primary General Date of Disbursement To Date of Date of Disbursement To Date of D		Credit Card Processing Fee			Catagony		4.95
Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Primary General Other (specify) ▼ State Zip Code AZ 85072-3852 Amount of Each Disbursement this Period Transaction ID: BDC9EFDA8E9C44E5 Date of Disbursement this Period Amount of Each Disbursement this Period Type Office Sought: House Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code Date of Disbursement this Period Transaction ID: BB41C2F933A4048BE Date of Disbursement Office Sought: Primary General Other (specify) ▼ Amount of Each Disbursement Office Sought: Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Office Sought: Primary General Other (specify) ▼ Office Sought: Primary General Other (specify) ▼ Office Sought: Primary General Other (specify) ▼			rsement For:				
B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix Az 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name City President State District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 Category/ Type City Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Category/ Type City Phoenix AZ 85072-3852		Senate President	Primary				
City Phoenix State Zip Code AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Senate Primary General Primary General Disbursement Transaction ID: BB41C2F933A4048BE Date of Disbursement To State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Senate Primary General Disbursement Tored To State Tip Code AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: Primary General Other (specify) ▼	— В.	Full Name (Last, First, Middle Initial)					
Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼		·					
Credit Card Processing Fee Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Primary General Other (specify) ▼ Office Sought: Primary General Other (specify) ▼ Office Sought: Primary General Other (specify) ▼						Amount of Each D	Disbursement this Period
Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Office Sought: House Primary General Other (specify) ▼ Office Sought: Primary General Other (specify) ▼ Office Sought: Primary General Other (specify) ▼		Credit Card Processing Fee					73.76
Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: Disbursement For: Senate Primary General Other (specify) ▼		Candidate Name					
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Senate Primary General Other (specify) Type Office Sought: Office Specify) Type Transaction ID: BB41C2F933A4048BE Date of Disbursement Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) Type		Senate President	Primary				
City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Total Card Processing Fee Other (specify) Total Category/ Type	 C.	Full Name (Last, First, Middle Initial)					
Phoenix AZ 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Category/ Type Office Sought: Disbursement For: Senate Primary Other (specify) ▼		Mailing Address PO Box 53852				06 / 22	2 7 2009
Credit Card Processing Fee Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼						Amount of Each D	
Office Sought: Disbursement For: Senate Primary Other (specify)		Credit Card Processing Fee					4.95
Senate Primary General President Other (specify) ▼							
State. District.		Senate President	Primary				
SURTOTAL of Dishursements This Page (ontional)		State. DISHIGH.					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (check o		E NUMBER: PAGE 24/34		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30k	
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
American Association for Homecare Politic	cal Action Committee (A	AHOMECARE	EPAC)		
Full Name (Last, First, Middle Initial)				: B6A8FC789C6ED432	
American Express			Date of Disburs		
Mailing Address PO Box 53852			0 6	24 4 2009	
City Phoenix	State Zip Code AZ 85072-3852)	Amount of Eacl	h Disbursement this Period	
Purpose of Disbursement	AZ 03072-3032			284.68	
Credit Card Processing Fee					
Candidate Name		Category/ Type			
	ement For:	•			
Senate President	Primary General Other (specify)				
State: District:					
Full Name (Last, First, Middle Initial) Elavon			Transaction ID Date of Disburs	: B525A5038C7D944E0	
-		M M / D	D / V V V		
Mailing Address One Concourse Parkway Suite 300	/		0.6	01 2009	
City Atlanta	State Zip Code GA 30328-5346	1	Amount of Eacl	h Disbursement this Period	
Purpose of Disbursement	00020 00 10			108.80	
Credit Card Processing Fee Candidate Name		Catagory			
Candidate Name		Category/ Type			
	ement For:	•			
Senate President	Primary General Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial) Harland Clark			Transaction ID Date of Disburs	: BB1FF241DE2FC4984	
				13 2009	
Mailing Address 10931 Laureate Drive			0.3	2009	
City San Antonio	State Zip Code TX 78249-3312)	Amount of Eacl	h Disbursement this Period	
Purpose of Disbursement	17 70249-3312			130.04	
Administrative Expense: Check Stock					
Candidate Name		Category/ Type			
	ement For:	1			
Senate President	Primary General Other (specify) ▼				
State: District:	(-				
SUBTOTAL of Disbursements This Page (optional)				523.52	
TOTAL This Period (last page this line number only) E6AN026	l	•	EEO Oahada	ule B (Form 3X) (Revised 02	

	TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	NUMBER: PAGE 25 / 34 / one)
		Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
	any Information copied from such Reports and Statem r for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) American Association for Homecare Politic			
Z	Full Name (Last, First, Middle Initial)			
A.	Nova Information Systems			Transaction ID: B2E8D603AF20F4B4D82/Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 7300 Chapman Highway			01 02 2009
		State Zip Code TN 37920-6612		Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fee			40.00
	Candidate Name		Category/ Type	
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		
_	Full Name (Last, First, Middle Initial)			Transaction ID: B1607EA6CCEB6407C8A
B.	Nova Information Systems			Date of Disbursement
	Mailing Address 7300 Chapman Highway	$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & P \end{bmatrix}$		
		State Zip Code TN 37920-6612		Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fee			83.93
	Candidate Name		Category/ Type	
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		
C.	Full Name (Last, First, Middle Initial) Nova Information Systems			Transaction ID: BC0F386391C93409CB63 Date of Disbursement
	Mailing Address 7300 Chapman Highway			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 2 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
		State Zip Code TN 37920-6612		Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fee		• •	40.00
	Candidate Name		Category/ Type	
	Senate President	ement For: Primary General Other (specify)		
Γ	State: District:			100.00
	SUBTOTAL of Disbursements This Page (optional)		<u> </u>	163.93
- 1	TOTAL This Period (last page this line number only)			

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		R LINE N	NUMBER:	PAGE 26/34
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X :	21b 27	22 23 28b	24 25 26 28c 29 30b
	ny Information copied from such Reports and Statem for commercial purposes, other than using the name					
\ \ \	NAME OF COMMITTEE (In Full)	e and address of any political	Committee	e to solic	on contributions inc	on such committee
	American Association for Homecare Politic	al Action Committee (A	AHOME	CARE F	PAC)	
۸.	Full Name (Last, First, Middle Initial) Nova Information Systems				Transaction ID: Date of Disburse	B2F348F731EB74CEE9E
	Mailing Address 7300 Chapman Highway				04 0	1 2009
	•	State Zip Code TN 37920-6612			Amount of Each	Disbursement this Period
	Purpose of Disbursement Merhcant Fee				L	118.93
	Candidate Name		Catego Type	ry/		
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)				
	State: District:					
3.	Full Name (Last, First, Middle Initial) Nova Information Systems				Transaction ID: Date of Disburse	B6CE6EE7CE06D4B0CB
	Mailing Address 7300 Chapman Highway				05 0	1 2009
	,	State Zip Code TN 37920-6612			Amount of Each	Disbursement this Period
	Purpose of Disbursement Merhcant Fee					40.15
	Candidate Name		Catego Type	ry/		
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)				
	State: District:					
) .	Full Name (Last, First, Middle Initial) Wachovia				Date of Disburse	
	Mailing Address Nc8502 Po Box 563966				01 / 1	2 2009
		State Zip Code NC 28256-3966			Amount of Each	Disbursement this Period
	Purpose of Disbursement Bank Fee					5.00
	Candidate Name		Catego Type	ry/		
	Senate President	ment For: Primary General Other (specify) ▼				
_	State: District:					
	SUBTOTAL of Disbursements This Page (optional) .			•		164.08

SCHEDULE B (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 27 / 34 (check only one)				
TEMIZED DISBURSEMENTS	for each category Detailed Summ		X 21b 27	22 23 28a 28b	24 25 26 28c 29 30k			
ny Information copied from such Reports and S r for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full)		· , , , · · · · · · · · · · · · · · · ·						
American Association for Homecare P	olitical Action Com	mittee (AAH0	OMECARE	PAC)				
Full Name (Last, First, Middle Initial) Wachovia					: BB970A706F5EC4E44			
				Date of Disburs	ement 1 0			
Mailing Address Nc8502 Po Box 563966				0 2	2009			
City Charlotte		Code 256-3966		Amount of Each	Disbursement this Period			
Purpose of Disbursement	INC 20	230-3900			5.00			
Bank Fee		L						
Candidate Name		C	Category/ Type					
Office Sought: House Dist	oursement For:	General						
President	Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial) Wachovia				Transaction ID Date of Disburs	: B1FD63E4BB01E49C9			
Mailing Address Nc8502 Po Box 563966				03 / 0	10 / 2009			
City Charlotte		Code 256-3966		Amount of Each	Disbursement this Period			
Purpose of Disbursement	110 20	230-3900			5.00			
Bank Fee Candidate Name) at a m a m a /					
Cardidate Name			Category/ Type					
Office Sought: House Dist	oursement For:	General						
President	Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial) Wachovia				Transaction ID Date of Disburs	: BFE94A61792444D6E ement			
Mailing Address Nc8502 Po Box 563966				04 / 0	09 / 2009			
City Charlotte		Code 256-3966		Amount of Each	Disbursement this Period			
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER:	PAGE 28/34			
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NAME OF COMMITTEE (In Full) American Association for Homecare Pol	tical Action Committee (AAI	HOMECARE	PAC)				
Full Name (Last, First, Middle Initial) Wachovia			Date of Disbursemen				
Mailing Address Nc8502 Po Box 563966			0 5 1 1	y y y y y			
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١.	American Association for Homecare Polit	cal Action Committee (AA	HOMECA	CARE PAC)
	Full Name (Last, First, Middle Initial)			Transaction ID: BE1AEC3034B2B4C
	Bob Casey for Senate Inc			Date of Disbursement O 4 D 0 3 D 7 D 0 9 D 7 D 0 9 D 0 9
	Mailing Address 607 14TH Street, NW Suite 800			04 03 2009
	City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution			2500.00
	Candidate Name Sen. Bob P. Casey, Jr.		Category/ Type	y/
		ement For: 2012 Primary General Other (specify)		
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	Full Name (Last, First, Middle Initial) Citizens for Bunning			Transaction ID: B63E3B9F6A4504E9 Date of Disbursement
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	City FT Wright	State Zip Code KY 41011		Amount of Each Disbursement this Period
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	City Las Vegas	State Zip Code NV 89132		Amount of Each Disbursement this Period
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	Full Name (Last, First, Middle Initial)								3189D6	C1F814	FCC
	Friends Of Sherrod Brown						Disburse		V V	V V	
	Mailing Address PO BOX 76187 Suite 800					06		6 /		o ŏ 9 ˇ	
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	Candidate Name Sen. Orrin G. Hatch			Categ Typ	-						
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_	Full Name (Last, First, Middle Initial) Kendrick Meek for Florida						ction ID: Disburse		03AAF	4B3E94	C60
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	City Miami	State Zip C FL 3316				Amount	of Each	Disbu		this Perio	d
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\rangle	NAME OF COMMITTEE American Association	(In Full)					
	Full Name (Last, First, Mic	ddle Initial)				Transaction ID:	B8CD14BF65E5D47F8
	Mike Ross For Congre	ess				Date of Disburse	ment
	Mailing Address Po E	360 360				03 1	6 2009
	City Prescott		State AR	Zip Code 71857		Amount of Each	Disbursement this Period
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 33 / 34	4
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Mike Thompson for Congress			Date of Disbursement	
Mailing Address 5429 Madison Avenue			04 4 29 7 2009	T
City Sacramento	State Zip Code CA 95841		Amount of Each Disbursement this Pe	eriod
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Candidate Name Rep. Mike Thompson		Category/ Type		
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,	State Zip Code OH 45244		Amount of Each Disbursement this Pe	eriod
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Candidate Name Rob Portman		Category/ Type		
	ement For: 2010 Primary General Other (specify)			
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Full Name (Last, First, Middle Initial) The Grassley Committee	Full Name (Last, First, Middle Initial) The Grassley Committee			745688
Mailing Address PO BOX 1000			03	Y
City Des Moines	State Zip Code IA 50304		Amount of Each Disbursement this Pe	eriod
Purpose of Disbursement Political Contribution			2500.00	
Candidate Name Sen. Chuck E. Grassley		Category/ Type		
X Senate X President	ement For: 2010 Primary General Other (specify)			
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	Candidate Name		Category/ Type			
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